

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/596009**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21		①		1		
22		①		1		
23	1		1			
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TOTAL IND.	2	↓	2	↓	0	↓
TOTAL DEP.	23	←	21	←	0	←
TOTAL CLAIMS	25		23		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	